Medical Quality Assurance Commission
Update!
www.doh.wa.gov/medical
Vol. 6, Summer 2016

Message from the Chair

Michelle Terry, MD
Chair, Physician at Large

Inside This Issue:

Deep in the heart of (Euless) Texas, there is an organization central to the practice of allopathic and osteopathic medicine that you probably have never given much thought. The Federation of State Medical Boards (FSMB) of the United States is a national, non-profit organization that represents the 70 state medical and osteopathic boards of the United States and its territories. In April 2016, several staff and commissioners of the Washington State Medical Quality Assurance Commission attended the FSMB Annual Meeting in San Diego, California. The intensive three-day program that brought together medical regulators, industry professionals, plus elected and appointed officials to discuss a wide range of topics relevant to medical boards and commissions.

Keynote remarks from the U.S. Surgeon General of the United States, Vice Admiral (VADM) Vivek H. Murthy, MD, MBA, spoke to improving public health through the lens of service, clinical care, research, education and entrepreneurship. Exemplar issues of interest included initiatives to control the diversion of opiates, and strategies to decrease stress and prevent physician burnout. Another session featured "Legal and Legislative Challenges of the Changing Medical Marijuana Landscape," where a panel of physicians discussed state trends in legalizing cannabis products; emerging policies of state medical boards and commissions; and new regulatory guidelines from the FSMB related to the authorization of marijuana for medical use. I was honored to participate as faculty for the workshop "Promoting Quality, Transparency, and Accountability in Response to Medical Error: Perspectives from Regulators," where the invited panel made a short presentation, then had an open discussion with the audience regarding medical errors and systemic efforts to prevent them. Subsequently, there was an interactive discussion of possible upstream health facility and educational initiatives that may promote consistency, transparency, and accountability regarding communication with patients and families. Participants also discussed the challenges of responding to medical errors in an evolving interprofessional health care environment, where healthcare is increasingly delivered by interdisciplinary teams.

The FSMB also offers educational programs away from the annual meeting including a monthly roundtable conference call of member boards; executive director training; and board attorney workshops. In addition, the United States Medical Licensing Examination® (USMLE®) is

Mission
Promoting patient safety and enhancing the integrity of the profession through licensing, discipline, rule-making, and education.

a three-step examination for medical licensure in the United States and is sponsored by the FSMB, and the National Board of Medical Examiners® (NBME®). All medical school graduates must apply via the FSMB website for USMLE® Step 3.

The Physician Data Center, a central repository for disciplinary sanctions, licensure information, American Board of Medical Specialties (ABMS), certification data used in the licensing and credentialing of physicians and physician assistants, is also run by the FSMB. These data and research services provide information to state medical boards and commissions, and to the public via http://goo.gl/oYM9Pn .

All in all, although the FSMB is an organization that may not be on the tip of your tongue, its administrative role is essential to the practice of medicine. The FSMB supports state medical boards and commissions by promoting leadership in policy and advocacy; its resources are required for all medical school graduates to attain medical licensure in the U.S.A.; and it provides information regarding physician credentialing both to state medical boards and commissions, and to the public. To learn more about FSMB, please visit www.fsmb.org.

Request a speaker from the Medical Commission

The Medical Commission actively conducts educational presentations around the state to educate the public and the licensees of Washington.

The Commission provides presentations to clinics, hospitals, training programs, medical societies, and other interested groups.

If you would like a speaker from the Medical Commission at your event or webinar, contact us!

Washington State Medical Commission Speaker's Bureau
Medical.Speakers@doh.wa.gov
Fax: 360-236-2795

Executive Director's Report
Melanie de Leon, JD, MPA
Executive Director

Congratulations are in order!

I am very happy to announce that two Medical Commission staff members were recently recognized for their Commission work:

- The Administrators in Medicine (AIM) selected Investigator Renee Bruess for the Ronald K. Williamson Memorial Award for Board Investigators. AIM is a national organization for state medical and osteopathic board executives. Investigator Bruess is a registered nurse with a Master's Degree in Health Law and conducts complex standard of care investigations. Using her clinical and legal skills she is well versed in investigating allegations of negligence, incompetence, substandard care or impairment on the part of physicians and physician assistants. Specifically, she was recognized for her work in a case that spanned three years, encompassing 23 complaints against the same practitioner. Investigator Bruess completed 24 separate investigations concerning 52 patients and reviewed over 6,800 pages of medical records and other evidence regarding standard of care. Her solid, thorough investigation and detailed documentation helped ensure patient safety.

- The Federation of State Medical Boards also recognized a long-time Commission staff member, Mike Kramer, with the Award of Merit in recognition of his contributions that have positively impacted and strengthened the profession of medical licensure, discipline and helped enhance public protection. A valued part of the Medical Commission, Mr. Kramer has been serving the Commission for 20+ years in a variety of roles, each one contributing to the Commission's successful mission to protect the public.

Congratulations to both and thank you for your dedicated service!

Stay Informed!

The Medical Commission maintains four email listserves to deliver relevant information to your inbox. Sign up today and keep up-to-date!

Newsletter:	**http://go.usa.gov/dGk**
Minutes and Agendas:	**http://go.usa.gov/dGW**
Rules:	**http://go.usa.gov/dGB**
Legal Actions:	**http://go.usa.gov/dGK**

Commission Clarifies Law Governing Office-Based Surgery

Mike Farrell, Medical Commission
Frank Schitoskey, Office of Investigations and Inspections

If you perform surgery in an office using more than minimal sedation, you must either obtain an ambulatory surgical facility (ASF) license from the Washington State Department of Health, or meet the requirements of the Medical Commission's office-based surgery rule. The requirements are different. Determining which applies to your practice can be confusing. This article intends to clarify the confusion.

The first step is to determine whether you need an ASF license. You must obtain an ASF license if your facility:

- Is a distinct entity separate from your office practice; **and**
- Provides specialty or multi-specialty outpatient surgical services, and either:
  1. Plans to use general anesthesia, as defined by WAC 246-330-010(16), **or**
  2. Operates for the primary purpose of providing specialty or multi-specialty outpatient surgical services.

The statute does not define "distinct entity", but states that the facility may include one or more surgical suites that are adjacent to, but in the same building as, your office. The term "primary purpose" means that the majority of income or patient visits are derived from the specialty or multi-specialty surgical services.

The statute excludes surgery routinely and customarily performed in an office, unless the primary purpose is to provide surgical services or general anesthesia is a planned event. In addition, if you call your facility an ASF or use words that convey a similar meaning, you must obtain an ASF license.

If your facility does not meet the conditions for a mandatory ASF license, the second step is to determine whether the Medical Commission's office-based surgery rule applies to your practice.

The Commission's rule (WAC 246-919-601) covers any surgery or invasive procedure, including local infiltration for tumescent liposuction, performed outside a hospital, hospital-associated ambulatory surgical center, or licensed ASF, in which more than minimal sedation or infiltration of local anesthetic around peripheral nerves is used. The rule clarifies that if the amount of local anesthetic infiltrated around peripheral nerves exceeds the manufacturer's published recommendations, the rule applies. In other words, the Commission's office- based surgery rule applies if liposuction and other procedures that may utilize tumescent fluid use more than 500mg of Lidocaine with Epinephrine (>7mg/kg in a 70kg person) irrespective of the level of sedation or anxiolysis utilized for the procedure.

The rule requires the facility to be accredited by an accrediting entity listed in the rule. The rule also contains requirements for competency, qualifications for administration of anesthesia, advanced resuscitative techniques, sedation assessment and management, separation of surgical and monitoring functions, emergency care, transfer protocols, and record keeping. The full text of the Commission's rule can be found at http://go.usa.gov/cJVAj. Additional information can be found on the Department of Health web site (www.doh.wa.gov), including frequently asked questions about licensing ambulatory surgical facilities, links to the laws, and the application for a license.

WPHP Report: The Upside of Vulnerability

Chris Bundy MD, MPH
Medical Director WPHP

When was the last time you discussed a heartbreaking patient outcome with a colleague? How many practices have created psychologically safe places where the doctors talk about the challenges of responsibility under uncertainty, coping with adverse events, getting sued, or being investigated by the licensing board? Where do we offer recognition to those who contribute, without fanfare, to the betterment of their patients, colleagues, trainees, or the profession?

Some might argue that being a physician means having the capacity to deal with such issues without the need for excessive hand-holding. However, WPHP's experience in helping physicians suggests that such capacity consists primarily of compartmentalization and denial. It is simply not possible to be empathic and caring without being impacted by the human suffering inherent in medical practice. It is a psychological law of nature that can be ignored but not avoided.

Much has been made of the individual characteristics and healthcare system variables that contribute to physician distress and burnout. Less often considered is how emotionally difficult our work can be, even under the best of circumstances. Intellectually, this is a self-evident truth.

Yet there is a dissonance between this truth and the countless ways in which we unconsciously collude in perpetuating the myth of our invulnerability. A brief look at the history of the professionalization of medicine may provide some insights into how this myth came into being.

The years preceding the Physician Health Movement (c.1920-1970) have been called, somewhat ironically, the Golden Age of Medicine. In those years, doctors who darkened the door of medicine with distress, mental illness, substance abuse or suicidality were marginalized. This was understandable given our less than glowing history in the years preceding the 1910 Flexner report. Fueled by a scientific revolution that gave physicians unprecedented power to cure illness and relieve suffering, the Flexner report set the stage for our field to relentlessly improve itself and the care of patients. The public began to idealize physicians as possessing Godlike intelligence, virtue, and power. Somewhere along the line, perhaps in order to bear the responsibility commensurate with such power, we too began to believe in this idealized image. Individuals within the house of medicine that failed to live up to its ideals threated its legitimacy and offended those who were fortunate enough to have avoided affliction. Such unfortunates were often suggested to find a career better suited to their unsteady constitutions. Physician suicide was reviled as a predictable, if regrettable, outcome for those unfit for the demands of the profession. (Lehga, R. A History of Physician Suicide in America, J. Med Humanities, 2012).

"Less often considered is how emotionally difficult our work can be, even under the best of circumstances"

While we have come a long way since then, there is still evidence that vestiges of the Golden Age persona persist. When we consider the alarming rates of physician burnout and suicide, as well as the high levels of stigma, fear, and shame that prevent physicians from getting help, it seems clear that unrealistic expectations of invincibility remain. It is poignant that in over the past 30 years, nearly every physician WPHP has seen following a suicide attempt worked on the day they tried to end their life.

Imagine a world where a reasonable amount of time off after a tragic outcome was the norm or, beginning in medical school, it was a matter of routine to meet with peer supports to discuss the strains of education, training, and medical practice. Imagine regular forums where peers are recognized, not for outstanding achievements posted in the local medical newsletter, but for their helpful consultation on a difficult case, pitching in when a colleague is out sick, or staying late to catch up on charting. In short, imagine a world where openly accepting our vulnerabilities, as well as our need for support and recognition, were baked into the cake of our professional values. Is it reasonable to assume we'd be better off in such a world?

A suggestive example comes from the WPHP's experience. In our annual surveys, WPHP participants consistently report levels of burnout less than half the 45-55% rate seen in the general population of practicing physicians. It appears that something important is occurring that is bolstering their resistance to the stresses of medical practice.

Physicians' acceptance of vulnerability and seeking help are the norm at WPHP. Our participants' progress is not measured not by their ability to forge ahead in the face of difficulty, but by courageously identifying their liabilities and using the support of others as a prosthesis against them. Not only are they better off in terms of burnout, but they are probably better doctors as well. In a study by Brooks and colleagues (Occupational Medicine 2008), former Colorado PHP participants (n=818) had a 20% lower malpractice risk compared to a matched cohort of practicing physicians.

A critical element of any solution to the problem of physician distress requires that we cast off the Golden Age remnants of invulnerability. The shame, fear, and stigma that thwart help-seeking and adaptive coping melt away when we abandon unrealistic expectations of ourselves and others. When we accept ourselves as the flawed, imperfect beings that we are and lean into our vulnerability with support and self-care, we are likely to become better doctors, happier and healthier people, and powerful role models of change for our patients, families, and communities. The experience of our work at WPHP suggests that, in the courage to accept and confront our perceived shortcomings, the best version of our self is possible.

This article is dedicated to Dr. Charles Meredith, immediate past Medical Director of WPHP. Thank you for showing us the path!

Save the Date!
October 6
Seattle Airport Marriott

Medical Commission 2016 Educational Conference.
Free and open to all.

To view the presentation videos from the 2015 Conference, please visit http://go.usa.gov/cw39A

Commission Rule-Making

Daidria Underwood
Program Manager

Safe and Effective Analgesia and Anesthesia Administration in Office-Based Surgical Settings
The CR-101 to revise WAC 246-919-601(5) was filed with the Office of the Code Reviser on March 11, 2015 (Washington State Register (WSR) #15-07-033). The Commission is considering revising WAC 246-919-601(5) to eliminate the list of entities and instead, identify the criteria the Commission will use to approve entities that facilities must be accredited or certified by, before surgery may take place. The CR-102 is in progress.

Suicide Prevention Training – Engrossed Substitute House Bill 1424
The CR-102 for allopathic physicians was filed with the Office of the Code Reviser on October 6, 2014 (WSR# 16-08-106) and the CR-102 for allopathic physician assistants was filed with the Office of the Code Reviser on May 4, 2016 (WSR# 16-10-106). These rule-making documents were filed pursuant to the requirements under Engrossed Substitute House Bill 1424 (Chapter 249, Laws of 2015), that require allopathic physicians, allopathic physician assistants and other health care providers to complete a one-time training in suicide assessment, treatment, and management to help lower the suicide rate in Washington State. The CR-102 hearing for allopathic physicians was held May 11, 2016. The draft rule language was not approved at that time. A supplemental CR-102 will be submitted for filing sometime in June. Frequently asked questions regarding both of these draft rules can be found on our website at http://go.usa.gov/cJ98G.

Maintenance of Licensure
The CR-102 to amend WACs 246-919-421, 430, 460, 470, repealing WAC 246-919-450, and adding WAC 246-919-422 was filed with the Office of the Code Reviser on April 5, 2016 (WSR # is 16-08-107). The Commission is considering developing rules establishing requirements for allopathic physicians to engage in professional development to ensure continuing competency. The CR-102 hearing was held on May 11, 2016 where the draft language was approved. The CR-103 process will begin soon.

Did you know?

You can complete your demographic census online!

The census is now required as part of your renewal process, but there is no need to wait until then to complete your census!

Please take a few minutes to complete the census so the workforce demographics is based on accurate data.
Try it now: http://go.usa.gov/2pkm

When the Commission Rescinds Policies, Guidelines, or Interpretive Statements

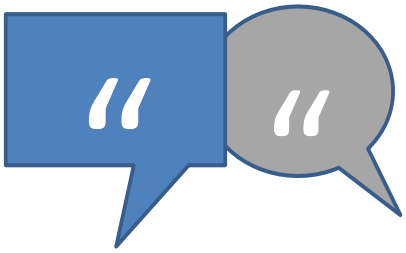
Mimi Winslow, JD, Public Member

The Commission periodically reviews its policies, guidelines, and interpretive statements to assure that the guidance contained remains relevant and appropriate. Occasionally it is determined that changed conditions or other action require the rescission of a formerly adopted position. In the last few months three were rescinded by the Commission, as set out in the Policy Corner article in this issue, each for a different reason.

MD2002-04 "Guidelines for Using the Internet in Medical Practice" was originally adopted in 2002, when the possibility of using the internet in the practice of medicine was new and technology was different. The guideline addressed many disparate topics that had in common only the internet platform. Since the 2002 guideline, the Commission has enacted telemedicine and use of electronic media guidelines, there have been legislative changes, and the Commission continues to address emerging issues. In 2016 this guideline was rescinded to prevent confusion and inconsistency with newer guidance.

MD2005-01 "Clinical Guidelines for Office Based Surgery" was originally issued as a guideline, but was rescinded as redundant after the topic was addressed in rule form.

MD2013-05 "Mandatory Investigations" was a statement of policy on the importance of investigating allegations of sexual misconduct, abuse of a patient, patient death, serious harm or risk of injury to members of the public. It also includes cases involving serious reportable events including surgery performed on the wrong body part, wrong patient, wrong surgical procedure, unintended retention of a foreign body in a patient, and criminal events. The Commission continues to have serious concern about such allegations, but it was determined that the language of the policy constituted an impermissible delegation to staff inconsistent with two seminal legal cases, Seymour and Yoshinaka. The duly constituted case management panels composed of Commissioners will continue to authorize investigations of such serious allegations.



What would you like to see from the Medical Commission newsletter?

Send comments and suggestions to
jimi.bush@doh.wa.gov

The Power of Communication

Kathleen O'Connor
Public Member

"How many children do you have?" were the first words the doctor said when I arrived at the hospital. My son was in a devastating car accident. He had just been taken from the ER to a room where they were cleaning his wounds and running tests. Soon the doctor came and asked about any other children. I had none. He explained my son had only 'brain stem level' functioning. They were testing to see if he had a gag reflex or if his eyes dilated. And he left.

He didn't explain brain stem activity or why gag reflex and dilated eyes mattered. I knew the injuries were grave. But I did not know how grave. Was it possible surgery could save him? Would he recover or be paralyzed?

I admit I probably did not hear or absorb everything he said. Miles was 13. I was in shock. He had gone out with a group of boys. There was an accident. Yet the doctor's abrupt manner made him seem my adversary. Only once did he sit and look me in the eye. He came in, checked the monitors, made comments and left. He gave no clear assessment or choices.

I don't blame that doctor for not saving my son. It was not possible. What remains with me to this day, however, was his behavior—abrupt and apparently indifferent. I wanted him to level with me, but I also wanted some signal of personal concern.

"Those few minutes made the difference between a caring connection and apparent indifference"

I contrast this with the care I received after my major stroke. I was barely breathing. No one expected me to live. I went from ER, to ICU to Neurology. No one gave up on me. I have only fleeting memories before taken to the Rehabilitation Unit a week later. But, I do distinctly remember people tending to me. Even semi-conscious I heard soft voices echoing 'sorry' or felt them fluffing a pillow or straightening a sheet. I felt the kindness. Other voices gave encouragement. It has been over two years since my stroke. Their care remains vivid. It has been 25 years since my son died. That doctor's care remains just as vivid.

In rehab, life was tightly organized. I had regular appointments with people who cared about my outcome. Therapists, doctors and nurses came in. They all used my name. They told me what they were doing, what I could not do and answered my questions. Between sessions doctors and therapists stopped by briefly or waved from the hallway. Those brief caring gestures mattered. They signaled concern even when they had other patients who were just as sick or even sicker. Their personal attention took only minutes. Those few minutes made the difference between a caring connection and apparent indifference.

Had my son's doctor taken just a brief minute to make a human connection I would not have seen him as my adversary who thought my son was just another round on the ward. With a connection I would have seen him as my ally. We would have been partners on a journey neither of us chose. Minutes is sometimes all it takes. Looking someone in the eye matters. They are human connections. I now know his training probably didn't include the importance of a personal connection, nor did it prepare him for that night. Now, learning effective communication is becoming an essential part of medical training. Communication issues are often an underlying subject of the complaints the Medical Commission receives and therefore, the Commission developed some key principles to assist with patient communication. That guideline can be read here http://go.usa.gov/cSBRG.

Doctors are busy. They are tied to computers, often have 20 minutes with patients to review their records, make decisions and give instructions patients may or may not understand or know why they matter. Even briefly, a human connection can be made. I know. I had them.

When you're suddenly in an emergency or receive a staggering diagnosis, your life changes. It is as if you are suddenly thrown into a life boat with a man-eating tiger. You don't know if you'll survive, if there is safe harbor, where it is, whether you'll make it or what you must endure to get there. We can survive these ordeals by realizing both doctor and patient are in this strange boat together. We have a common journey. The health care industry is overwhelming. It's inundated with formidable language, incomprehensible bills, tsunamis of forms and rules for everyone. All we really have in this strange life boat is each other and our simple human connection.

Eye contact, a kind word, a smile all matter. Even briefly sitting and turning from the computer matters. It is personal. It takes only minutes. Those minutes matter. Without them we're not partners. I had those minutes. I had those doctors. I know they matter.

I now know that doctor could not have saved my son. I simply needed some personal connection. Technical skills matter. Yet it is the human connection that is at the core of all healing. No matter what specialty a physician chooses any loss of human engagement and its elemental connection spells great loss for both healer and patient. Being caring and accessible remain paramount. It is in the end how we heal.

Legal Actions

January 1, 2016 – April 30, 2016

Below are summaries of interim suspensions and final actions taken by the Commission.
Statements of Charges, Notices of Decision on Application, Modifications to Orders and Termination Orders are not listed.
We encourage you to read the legal document for a description of the issues and findings. All legal actions are updated quarterly and can be found with definitions on the Commission website: http://go.usa.gov/bkNH

Practitioner Credential and County	Order Type	Date	Cause of Action	Commission Action
Summary Actions				
Brooks, Victor O. MD00024811 Benton	Summary Order	04/01/16	Substandard treatment of obstetrics patients and excessive prescribing of controlled substances with no regard to drug diversion or abuse.	Summary Suspension.
Douglas, James G. MD00019266 Out of State	Summary Order	04/22/16	Licensure suspension by the Wyoming Board of Medicine.	Summary Suspension.
Formal Actions				
David, Jaime C. MD00045956 Out of State	Final Order of Default (Failure to Respond)	02/02/16	Licensure suspension by the California Medical Board.	Indefinite Suspension.
Di Julio, Marc A. MD00020524 King	Agreed Order	01/07/16	Inappropriate physical examination of a female patient.	Probation, practice restrictions, boundaries course, $5,000 fine, practice review, and personal appearance.
Garcia, Jr., Jose A. MD00011694 Pierce	Agreed Order	02/03/16	Violating prior Agreed Order, rule on cosmetic procedures, and rule governing office-based surgery.	Voluntary Surrender.
Gilliland, Michael W. MD00042973 Clark	Agreed Order	01/20/16	Substandard chronic pain treatment and violating appropriate physician-patient boundary.	Voluntary Surrender.
Haas, Eric A. MD60064104 King	Final Order	01/20/16	Unable to practice with reasonable skill and safety.	Indefinite Suspension.
Howell, George B. MD00036185 Out of State	Final Order of Default (Failure to Respond)	03/17/16	Licensure revocation by the Oklahoma State Board of Medical Licensure and Supervision.	Revocation.
Kammeyer, Ann C. MD00019609 Snohomish	Final Order	01/22/16	Substandard chronic pain management and prescribing which caused patient harm and likely contributed to patients' death.	Revocation.

Luu, Huong The MD00030582 Out of State	Agreed Order	01/07/16	Non-compliance with prior Agreed Order and continued standard of care deficiencies.	Voluntary Surrender.
Mennella, Scott F. MD00022793 Skagit	Final Order	01/20/16	Substandard prescribing to patient with known addiction, boundary violations, and facilitating unlicensed practice of medicine.	Five-year oversight with probation, ethics course, additional coursework, psychological evaluation, self-reports, $3,000 fine, practice review, and personal appearance.
Mosbrucker, Cynthia M. MD60016675 Pierce	Agreed Order	01/07/16	Treating and prescribing to a family member without proper documentation.	Ethics course, $2,500 fine, and personal appearance.
Murcia, Jaime D. MD00030631 Out of State	Agreed Order	03/31/16	Discipline by the Texas Medical Board.	Voluntary Surrender.
Rajendra, Rajeev MD60150925 Spokane	Agreed Order	03/31/16	Misrepresentation of board certification to employer.	Censure, $1,000 fine, and ethics course.
Ravinder, S. Nijjar MD00040319 King	Agreed Order	02/11/16	Misuse of alcohol resulting in vehicle collision and charge of driving under the influence.	WPHP monitoring, $1,000 fine, personal appearance, and personally deliver apology letter to complainant.
Riegel, Daniel J. MD00026679 King	Final Order	03/04/16	Substandard chronic noncancer pain management and poly-pharmacy practices.	Permanent restriction from prescribing any controlled substances.
Sabry, Fady F. MD00046541 Yakima	Final Order	04/13/16	Felony convictions from sexual abuse of patients.	Revocation.
Informal Actions				
Aguila, Eric D. MD60206903 Out of State	Informal Disposition	03/31/16	Alleged: Inappropriately accessed patient records.	Ethics course, CME on patient privacy, written paper, $500 cost recovery, and personal appearances.
Anderton, Laurie M. MD00033567 King	Informal Disposition	02/11/16	Alleged: Failed to recognize and treat meningitis symptoms which contributed to patient death.	Coursework, written paper, peer group presentation, $1,000 cost recovery, and personal appearance.
Berman, Donald E. MD60471576 Out of State	Informal Disposition	02/11/16	Alleged: Failed to appropriately communicate with female patients before performing physical examinations.	Boundaries course, communications course, personal reports, $1,000 cost recovery, and personal disclosure to Washington State employers.

Sharma, Bhanoo MD60101028 Out of State	Informal Disposition	03/31/16	Alleged: Stipulated Order with the Oregon Medical Board.	Compliance with Oregon Order, coursework, obtain pre-approval of practice and surgical settings, and reporting requirements.
Bliek, Reese J. PA10004653 Skagit	Informal Disposition	03/31/16	Alleged: Practiced with expired license, and failed to comply with supervising physician's orders.	Boundaries course, paper, $1,000 cost recovery, and personal appearance.
Bloch, Robert D. MD00036458 Clark	Informal Disposition	01/07/16	Alleged: Performed wrong-site kyphoplasty (procedure).	Submit scholarly research paper on preventing wrong-site surgery.
Crouthamel, Matthew R. MD00047066 King	Informal Disposition	03/31/16	Alleged: Failed to comply with WPHP monitoring.	Voluntary non-practice agreement and written petition required to resume practice.
Cuny, Ryan W. ML60387813 King	Informal Disposition	02/11/16	Alleged: Untreated condition, and failed to comply with WPHP monitoring.	Restriction from practicing in Washington with possible modification.
Davis, Laura J.B. MD00043457 Clark	Informal Disposition	02/11/16	Alleged: Administered incorrect injections to two patients causing anaphylactic reactions.	Research paper on medication errors, peer group presentation, semi-annual reports, $1,000 cost recovery, and personal appearances.
Dightman, Lowell R. MD00020247 Thurston	Informal Disposition	01/07/16	Alleged: Failed to recognize neuropathic breakdown and fracture of patient's foot.	Coursework, $1,000 cost recovery, and paper on management of foot fracture in patients with diabetic neuropathy.
Ehlinger, Thomas M. MD60351026 Out of State	Informal Disposition	02/11/16	Alleged: Failed to comply with WPHP monitoring.	Agreement not to renew or reactivate Washington license.
Freeman, Ruth A. MD00036837 Snohomish	Informal Disposition	01/07/16	Alleged: Substandard chronic noncancer pain management.	Opioid prescribing course, paper, $1,000 cost recovery, and personal appearances.
Gromko, Jr., William A. MD00014461 Thurston	Informal Disposition	01/07/16	Alleged: Substandard management of patient's malignant hypertension.	Paper, practice review, $1,000 cost recovery, and personal appearance.
Heitsch, Richard C. MD00016822 Clark	Informal Disposition	03/31/16	Alleged: Stipulated Order with the Oregon Medical Board.	Restriction on treating patients for heavy metal toxicity with chelation therapy, $1,000 cost recovery, and comply with Oregon Order.

Ho, Thinh X. MD60066946 Pierce	Informal Disposition	01/07/16	Alleged: Failed to identify rhabdomyolysis symptoms resulting in patient's hospitalization.	Paper with presentation, $1,000 cost recovery, and personal appearance.
Holbert, Donald V. MD00021541 Spokane	Informal Disposition	02/11/16	Alleged: Failed to comply with WPHP monitoring.	Voluntary Surrender.
Hurley, John T. PA60090786 Spokane	Informal Disposition	01/07/16	Alleged: Inappropriate prescribing and boundary violation.	Probation, coursework on boundaries and record-keeping, paper, $1,000 cost recovery, and personal appearances.
Jusayan, Nenita E. MD00034598 Pierce	Informal Disposition	03/31/16	Alleged: Failed to properly evaluate and urgently respond to patient's medical condition.	Research paper and $1,000 cost recovery.
Kloss, Herbert MD00017372 King	Informal Disposition	02/11/16	Alleged: Substandard monitoring of pediatric patients administered anesthesia.	Ethics course, practice review, $1,000 cost recovery, and personal appearances.
Kuo, Calvin MD60072889 Thurston	Informal Disposition	02/11/16	Alleged: Substandard chronic noncancer pain management.	Paper, complete opioid prescribing course, comply with pain management rules, PMP use, $1,000 cost recovery, and practice reviews.
Levesque Bishop, Janice L. MD00044750 Cowlitz	Informal Disposition	01/07/16	Alleged: Substandard care caused by incorrect medication order.	Paper with presentation, $1,000 cost recovery, practice reviews.
Lynam, Sheila D. MD00038132 Cowlitz	Informal Disposition	01/07/16	Alleged: Misdiagnosis resulted in patient's unnecessary bladder removal.	Research paper with presentation, $1,000 cost recovery, and personal appearances.
Meier, Werner R. MD00016035 Clallam	Informal Disposition	03/31/16	Alleged: Diverted controlled substances and legend drugs from hospital employer and purchased counterfeit drugs for personal use.	Agreement not to practice until: WPHP endorsement; psychiatric evaluation with endorsement; and obtain Commission permission. Restrict from possessing controlled substances without a prescription, restriction on self-prescribing, ethics course, $1,000 cost recovery, and personal appearances.
Montowski, Deborah A. MD00040746 Stevens	Informal Disposition	04/06/16	Alleged: Failed to timely order cesarean section.	Coursework on fetal evaluations, research paper, $1,000 cost recovery, personal appearances.
Nguyen, Dangtuong V. MD00047261 Pierce	Informal Disposition	02/11/16	Alleged: Failed to timely refer patient resulting in delayed cancer diagnosis.	Personal appearances, written protocol for patient follow-up, and practice reviews.

Nguyen, Thanh H. MD00035284 Pierce	Informal Disposition	03/31/16	Alleged: Failed to properly evaluate and urgently respond to patient's medical condition.	Research paper and $1,000 cost recovery.
Oh, Sang Yoon MD60082411 King	Informal Disposition	01/07/16	Alleged: Failed to properly diagnose and treat severe bronchospasm.	Coursework, research paper, $500 cost recovery, practice audits.
Oxford, Stuart G. MD00016611 Out of State	Informal Disposition	04/06/16	Alleged: Nebraska Board of Medicine and Surgery course requirement.	Agreement not to practice nerve studies until approved by the Nebraska Board of Medicine and Surgery.
Pepin, Christopher J. MD00037201 King	Informal Disposition	03/31/16	Alleged: Failed to diagnose diabetes resulting in patient's delayed care.	Coursework, paper with presentation, personal appearance, $1,000 cost recovery, and practice review.
Pham, Thanh V. MD00038413 King	Informal Disposition	03/31/16	Alleged: Substandard chronic noncancer pain management.	Adhere to Pain Rules, research paper, use of PMP website, $1,000 cost recovery, and records review.
Pham, Uyenvy V. MD60095998 King	Informal Disposition	03/31/16	Alleged: Delayed treatment of obstetrics patient.	Coursework, $1,000 cost recovery, and paper.
Pulfer, Nadean M. PA60196344 Yakima	Informal Disposition	02/11/16	Alleged: Substandard chronic noncancer pain management.	Coursework, research paper, $1,000 cost recovery, personal appearances.
Puzon, Romeo S. MD00033805 Pierce	Informal Disposition	03/31/16	Alleged: Failed to properly supervise a physician assistant.	Permanent restriction from supervising physician assistants and $1,000 cost recovery.
Reznik, Andrew D. MD00047724 Clark	Informal Disposition	03/31/16	Alleged: Failed to adequately provide oversight as medical director of health clinic.	Paper, personal appearance, ethics course, $1,000 cost recovery, and practice audit.
Scott, Charles M. MD00023490 Kitsap	Informal Disposition	02/11/16	Alleged: Substandard treatment of thyroid conditions.	Conditional use of thyroid medication, paper, $1,000 cost recovery, and practice review.
Staker, Lynn L. MD00012891 Kitsap	Informal Disposition	03/31/16	Alleged: Substandard chronic noncancer pain management and inadequate medical documentation.	Medical recordkeeping course, comply with Pain Rules, maintain registration and utilize PMP, $1,000 cost recovery, personal appearances, and practice review.
Steiner, Michael D. MD00023613 King	Informal Disposition	03/31/16	Alleged: Supervision of unlicensed former employee.	Paper discussing licensure and written protocol on licensure verification.
Turner, Kevin C. MD00026889 Benton	Informal Disposition	03/31/16	Alleged: Misuse of medication contributing to medical error.	Research paper, personal appearances, comply with WPHP monitoring agreement, $1,000 cost recovery, and practice review.

Vance, David D. MD60192684 Benton	Informal Disposition	01/07/16	Alleged: Performed substandard nephrectomy procedure.	Proctorship, coursework, paper, $1,000 cost recovery, practice reviews.
Velat, Andrea C. PA60108096 Clark	Informal Disposition	03/31/16	Alleged: Substandard chronic noncancer pain management.	Obtain new supervising physician, prescribing coursework, paper with presentation, submit supervising physician reports, practice review, $2,000 cost recovery, and personal appearances.
Vu, Van H. MD00031707 Out of State	Informal Disposition	03/31/16	Alleged: Stipulated Settlement and Disciplinary Order with the Medical Board of California.	Oversight until the year 2020, comply with the California Order, submit reports, ethics course, prescribing course, medical recordkeeping course, $500 cost recovery, and notice of intent prior to practicing medicine in Washington State.
Wee, Tien-Ahn, MD MD00041078 Out of State	Informal Disposition	01/07/16	Alleged: Substandard interpretation of radiologic image.	Preceptor review and reports, and $1,000 cost recovery.
West, Steve C. MD00019158 Thurston	Informal Disposition	02/11/16	Alleged: Substandard treatment of renal disease.	Coursework, research paper and disburse paper to practice group, $750 cost recovery, and personal appearances.
Winde, James W. MD60020421 Island	Informal Disposition	03/31/16	Alleged: Falsification of written prescription.	Paper, practice review, $1,000 cost recovery, and employer monitoring and reporting.
Yeung, Rhinee Wei-Fang MD00016234 King	Informal Disposition	03/31/16	Alleged: Delayed diagnosis and treatment of cauda equine syndrome.	Progress reports, communications protocol, $1,000 cost recovery, and coursework.

Stipulated Findings of Fact, Conclusions of Law and Agreed Order — a settlement resolving a Statement of Charges. This order is an agreement by a licensee to comply with certain terms and conditions to protect the public.

Stipulated Findings of Fact, Conclusions of Law and Final Order — an order issued after a formal hearing before the Commission.

Stipulation to Informal Disposition (STID) — a document stating allegations have been made, and containing an agreement by the licensee to be subject to sanctions, including terms and conditions to resolve the concerns raised by the allegations.

Ex Parte Order of Summary Suspension — an order summarily suspending a licensee's license to practice. The licensee will have an opportunity to defend against the allegations supporting the summary action.

Medical Commission Vital Statistics

- 21 members: 13 MDs, 2 PAs, 6 public members;
- 50 staff, $14.8 M biennial budget
- 31,000 licensed physicians and physician assistants
- 99.6% of complaints processed on time in FY 2015
- 83% of investigations completed on time in FY 2015
- 88.5% of legal cases completed on time in FY 2015
- 98% of orders complied with sanction rules

Actions in Fiscal Year (FY) 2015

- Issued 2,587 new licenses;
- Received 1,476 complaints/reports;
- Investigated 815 complaints/reports;
- Issued 73 disciplinary orders;
- Summarily suspended or restricted 11 licenses;
- Actively monitored 192 practitioners;
- 42 practitioners completed compliance programs.

Policy Corner

At its February 16, April 1, and May 13, 2016 business meetings the Commission reviewed the following policies, guidelines, and interpretive statements (IS).

- MD2009-01 "Practice of Medicine and Body Art" was reaffirmed with minor edits.
- MD2011-01 "Investigation of Physician Assistants and Sponsoring or Supervising Physicians" was updated and reaffirmed.
- MD2013-05 "Mandatory Investigations" was rescinded.
- MD2008-01 was retitled "Licensing of Physician Applicants Who Have Not Practiced for an Extended Amount of Time."
- MD2005-01 "Clinical Guidelines for Office Based Surgery" was rescinded.
- MD96-05 "Delegation of Final Decision Making to the Presiding Officer was expanded and adopted as revised.
- MD2016-04 "Communication Guidelines", a new guideline, was adopted.
- MD 2009-02 "Use of Notice of Correction" was reaffirmed with minor edits.
- MD2016-03 "Washington Physicians Heath Program Guideline", a new guideline, was adopted.
- MD2016-01-IS "Retired Active Physicians CME Requirements" was adopted.
- MD2006-02 was retitled "Sexual Misconduct Rules Clarification: Gloves."
- MD2011-09 "Elective Educational Rotations" was reaffirmed.
- MD2012-01 "Practitioners Exhibiting Disruptive Behavior" was reaffirmed.
- MD2002-04 "Guidelines for Using the Internet in Medical Practice" was rescinded.

Changing Locations?

Remember: By law, a change of address must be reported to the Washington State Medical Commission. Changes of address can be completed electronically at http://go.usa.gov/cJyMz. **If you have any questions, please email** Medical.Commission@doh.wa.gov.

Medical Commission Meetings 2016

Date	Activity	Location
June 23-24	Regular Meeting	Red Lion Wenatchee 1225 N Wenatchee Ave.,Wenatchee, WA 98801
August 11-12	Regular Meeting	Capital Event Center (ESD 113) 6005 Tyee Drive SW, Tumwater, WA 98512
October 6-7	Educational Conference	Seattle Airport Marriott 3201 South 176th Street, Seattle, WA 98188
November 3-4	Regular Meeting	Capital Event Center (ESD 113) 6005 Tyee Drive SW, Tumwater, WA 98512

Medical Commission meetings are open to the public

Other Meetings		
April 28-30, 2016	Federation of State Medical Boards Annual Meeting	San Diego, CA
October 1-2, 2016	Washington State Medical Association Annual Meeting	Seattle, WA

Washington State Department of Health

Medical Quality Assurance Commission
PO Box 47866
Olympia, WA 98504-7866

The law requires each practitioner to maintain a current name and address with the department. Please submit address changes and appropriate documentation for name changes to:
medical.commission@doh.wa.gov

Washington State Medical Commission Newsletter–Spring 2016
Jimi R. Bush, MPA, Managing Editor: jimi.bush@doh.wa.gov

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		medical.complaints@doh.wa.gov
Complaint Form:		http://go.usa.gov/dGT
Legal Actions:		http://go.usa.gov/DKQP
Compliance:		360-236-2781
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Website:		www.doh.wa.gov/medical
Public Disclosure:		PDRC@doh.wa.gov
Provider Credential Search:		http://go.usa.gov/VDT
Listserv Sign-up Links:		
Minutes and Agendas:		http://go.usa.gov/dGW
Rules:		http://go.usa.gov/dGB
Legal Actions:		http://go.usa.gov/dGK
Newsletter:		http://go.usa.gov/dGk

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DOH 658-002 June 2016